



Atlanta Weed & Seed
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*** QUARTERLY PROGRESS AND FINANCIAL REPORT ***

Complete the data below as indicated. Report due 30 days following the end of the project quarter.
Due Dates: January 30, 2003, April 30, 2003, July 30, 2003, October 30, 2003. **FAILURE TO SUBMIT REPORTS CAN RESULT IN DELAY AND OR FORFEITURE OF GRANT AWARD.**

PART I:

PROGRAM INFORMATION	
Project Title	Sub-Grant Number
Neighborhood Group or Agency Name	Grant Period
Project Director	Reporting Period
Mailing Address	City, State, Zip
Phone Number	Fax Number
Name of Person Preparing Report	Official Title

1. Project Quarter ☐ 1st ☐ 2nd ☐ 3rd ☐ 4th ☐ Other (specify) _____

2. Is a final evaluation report attached? ☐ Yes ☐ No

3. BUDGET SUMMARY: (complete in addition to reimbursement report)

- A. Grant Award \$
- B. Grant Funds Expended This Quarter \$
- C. Grant Balance \$
- D. Are Funds Being Expended at Rate Anticipated? ☐ Yes ☐ No
(If no, explain under Part II.)

***** RECEIPTS AND OR PAYROLL INFORMATION MUST ACCOMPANY QUARTELY REPORT*****

Agency Signature

Date

Neighborhood Representative Signature

Date

PART II -- PROJECT ACTIVITIES AND PROGRESS

Briefly discuss significant activities during this quarter. This should include a brief narrative description of progress during this period and other supporting efforts, which have begun, been partially implemented or completed during this period. Discuss any programmatic issues (i.e., delays in implementation). Please explain outline type of activities during the month (i.e. prayer vigils, community dinners, sporting events, special award ceremonies, etc.) (Attach additional sheets as needed.) **PLEASE INCLUDE PHOTOS OF THE PROJECT FOR THE QUARTER.**

1. Is your program being implemented as originally designed?

___Yes

___No (Please explain)

2. Is there anything you would do differently? Please explain any hardships or challenges.

___Yes (Please describe)

___No

3. How long was your program operational during the grant year?

Grant year begins 10/1/02 –9/30/32

_____ Number of Months

4. Approximate number of volunteers active in project during the grant year.

_____ Number of Volunteers

5. Were you satisfied with the support given you by the Weed & Seed staff during the year?

___Yes

___No (Please explain)

PART III – PERFORMANCE GOALS AND OUTCOMES

1. List the specific **Performance and Outcome Goals** of the project **as described in the funding grant proposal** and summarize progress in meeting *each* objective.

This section must be completed in depth for all project goals and objectives.

(Attach additional pages if needed)

___ Prevention, Intervention, Treatment

Goal:

Task:

Outcome:

___ Neighborhood Restoration

Goal:

Task:

Outcome:

___ Community Mobilization

Goal:

Task:

Outcome:

